

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	A.H.	72192	6/16/00
<b>O.I.P.E. CLASSIFIER</b>		112	5/12/00
<b>FORMALITY REVIEW</b>	A.I.	574	10/11/00
<b>RESPONSE FORMALITY REVIEW</b>	D.Y.R.	67712	3/6/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	4/10/01
Original	1/23/01
1	1/23/01
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5	✓
6	N
7	✓
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Claim	Date
Final	51
Original	52
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Claim	Date
Final	101
Original	102
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If more than 150 claims or 10 actions  
staple additional sheet here